

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT												
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP				
1							51										
2							52										
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44							94										
45							95										
46							96										
47							97										
48							98										
49							99										
50							100										
TOTAL IND.							TOTAL IND.										
TOTAL DEP.							TOTAL DEP.										
TOTAL CLAIMS							TOTAL CLAIMS										